(c) what are the multi-dimensional steps proposed to be taken for treatment and prevention of these diseases?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) According to Indian Council of Medical Research, Hepatitis B infection is several times more infectious than AIDS. However, in respect of other diseases, case fatality rate for Japanese Encephalitis and Dengue is 25% and 1% respectively, whereas for dysentry, typhoid and Kala-azar it is very low. Polio and Filariases are not fatal but crippling diseases.

Health is primarily a State subject and provision of medical relief for diseases through primary and community health centres is looked after by the State Governments. The Government of India supplements the efforts of the State Governments/union Territories through various National Health Programmes. Hepatitis B is effectively tackled through preventive measures including vaccination. The Government has launched a pilot project of immunisation of Hepatitis B free of cost for children below one year. National Vector Borne Diseases Control Programme covering JE, Filariases, Kala Azar etc. is also being implemented in the country. Polio is prevented through pulse polio programme. National Institute of Communicable Diseases provides technical support to the State Governments and undertakes surveillance, early detection, prevention and control of outbreaks of communicable diseases. The Government of India has launched an integrated Disease Surveillance Programme in November 2004 to further strengthen identification of outbreaks of various water borne and vector borne diseases so that early intervention could be made and occurrence, disability and death due to such diseases could be reduced.

Initiative to Control TB, Hepatitis, ETC.

2647. SHRI NABAM REBIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any new initiative is being taken by Government to check the diseases like TB/Hepatitis-B/AIDS/malaria etc. which are rapidly spreading in various parts of the country;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir.

(b) and (c) TUBERCULOSIS (TB): The number of TB cases reported under the National TB Control Programme during the last few years has been more or less static.

To control the problem of TB, Revised National TB Control Programme (RNTCP), widely known as DOTS, a WHO recommended strategy, is being implemented in the country since year 1997. Diagnosis by sputum microscopy, instead of by X-ray, helps in detecting and curing infectious cases on priority. Facilities for diagnosis by sputum microscopy has been decentralized and strengthened. Drugs are provided under observation and patients are monitored so that they complete their treatment. Drugs are provided free of cost in patient-wise boxes. Presently, about 1067 million population in more than 607 districts/reporting units has been covered under the revised strategy. It is envisaged to cover the entire counry under the Revised Strategy during the current financial year.

HEPATITIS-B: The Government has launched a pilot project of immunization of Hepatitis-B, free of cost for children below one year only. Hepatitis-B vaccination hs commenced and is continuing in 15 cities since 2002-03 and in 32 districts and Andaman and Nicobar Islands since 2003-04.

AIDS: In order to prevent and control the spread of HIV/AIDS in India, Govt. of India has launched a comprehensive National AIDS Control Programme, currently under implementation throughout the country. New initiatives being taken are as under:

- At the national level, National Council on AIDS has been formed under the Chairmanship of Hon'ble Prime Minister & 31 Union Ministers and 7 Chief Ministers are the members.
- Convergence of the HIV/AIDS services being done with National Rural Health Mission (NRHM) and Reproductive & Child Health (RCH) programme below district level.
- The prevention, care support and treatment facilities are being scaled up and funds for the programme has been increased from 2004-05. Further scaling up of facilities & allocation of fund is planned under NACP-III

MALARIA: The major strategies for control of Malaria include early detection, prompt treatment of cases, control of vectors using different

interventions, Information Education Communication for generating awareness about prevention and control of Malaria and capacity building by training of health care workers and NGOs in prevention and control acivities of Malaria.

Enhanced Malaria Control Programme (EMCP) with World Bank support is being implemented in 1045 tribal blocks (PHCs) of 100 districts in 8 States of the country since September, 1997.

The Global Fund for AIDS, Tuberculosis and Malaria (GFATM) supported Intensified Malaria Conrol Programme (IMCP) is being implemented in 94 districts in ten States for a period of five years (2005-10). These States are Assam, Arunachal Pradesh, Meghalaya, Mizoram, Manipur, Nagaland, Tripura, West Bengal, Jharkhand and Orissa.

China for tie-up in Bio-Medical Research

2648. SHRI MANOJ BHATTACHARYA:
SHRI C. RAMACHANDRAIAH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether China has evinced keen interest for a tie-up with India in the field of bio-medical research;

(b) if so, the details thereof;

(c) whether the proposed co-operation is contemplated only in the area of traditional medicines or likely to extend to the field of modern medicines also;

(d) whether specific proposals for joint research have been received from the Chinese Government if so, the details thereof; and

(e) whether Government are considering similar joint research activity with other countries, if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFAE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) The Indian Council of Medical Research (ICMR) has informed that China hs evinced keen interest for a tie-up with India in the field of Bio-medical research mainly on Stem Cell and Traditional Medicine. The areas under traditional medicine include documentation of medicinal plants and developing systems for regulating trade in this area. Stem cell research and exchange of scientists for capacity building are other potential areas being explored for